Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

1025 8242

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			2				Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		[BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			2. minus 20=		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			` mir	nus 3 =	*			X42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" ir			column 2	L	TOTAL	975	OR	TOTAL		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)		(Colur		(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		1	+140=		OR	+280=		
							L	TOTAL		OR	TOTAL ADDIT. FEE		
			DDIT. FEE			ADDIT. FEET							
AMENDMENT B	1937 2017 2017 2017 2017 2017 2017 2017 201	CLAIMS REMAINING AFTER AMENDMENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	\	OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	CL AIM	<u> </u> =	$\frac{1}{2}$	X42=		OR	X84=		
L	THIOTPHESE	NATION OF MI	OLITEL DEF	LINDEN	CLAIIVI		J	+140=		OR	+280≃		
										OR	TOTAL ADDIT. FEE		
,		(Column 1)		(Colu		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independ nt	*	Minus	***		=	 	X42=		OR	X84≈		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										 -		
*	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2 write	e "O" in co	olumn 3	L	+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													